IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Eric Finzi Application No.: To be assigned

Filed: Herewith

Confirmation No.: To be assigned

METHOD FOR TREATING DEPRESSION For:

Examiner: To be assigned Art Unit: To be assigned

Attorney Reference No. 6863-67727

MAIL STOP PATENT APPLICATION **COMMISSIONER FOR PATENTS** P.O. BOX 1450 **ALEXANDRIA, VA 22313-1450**

CERTIFICATE OF EXPRESS MAILING

I hereby certify that this paper and the documents referred to as being attached or enclosed herewith are being deposited with the United States Postal Service as Express Mail Label No. EV331581666US in an envelope addressed to: MAIL STOP PATENT APPLICATION, COMMISSIONER FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, VA 22313-

1450 on the date shown below.

Agent

for Applicant(s)

Date Mailed February 6,

INFORMATION DISCLOSURE STATEMENT PURSUANT TO 37 C.F.R. § 1.97(b)(1)

Listed on the accompanying form PTO-1449 and enclosed herewith are several English-language documents. Applicant respectfully requests that these documents be listed as references cited on the issued patent.

Applicant filed this Information Disclosure Statement ("IDS") within three months of the filing date of a national application. As a result, no fee should be required to file this IDS. However, if the Patent Office determines that a fee is required for Applicant to file this IDS, please charge any such fees, or credit overpayment, to Deposit Account No. 02-4550. A duplicate copy of this IDS is enclosed.

The filing of this IDS shall not be construed to be an admission that the information cited in the statement is, or is considered to be, prior art or otherwise material to patentability as defined in 37 C.F.R. §1.56.

Respectfully submitted,

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· ·				Attorn	ey Docket Number	6863-67727
					ation Number	To be assigned
INFORMATION DISCLOSURE STATEMENT				Filing Date		Herewith
BY APPLICANT					amed Inventor	Eric Finzi
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					ner Name	To be assigned
		U.S. P	ATENT D	OCUMI	ENTS	
Examiner's Initials*	Cite No. (optional)	Number	Date		Name	
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EXAMINER	DATE
SIGNATURE:	CONSIDERED:

^{*} Examiner: Initial if reference considered, whether or not in conformance with MPEP 609. Draw line through cite if not in conformance and not considered. Include copy of this form with next communication to applicant.